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Montana Adolescent Health Status

March, 1990

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ACKNOWLEDGEMENTS

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TABLE OF CONTENTS

SECTION PAGE

INTRODUCTION

I. INTRODUCTION 1
II. DESCRIPTION OF THE STUDY 4
Methodology 4
Student Characteristics 4

ADOLESCENT HEALTH SURVEY RESULTS

III. INJURY PRONE BEHAVIORS 6
IV. PHYSICAL HEALTH, NUTRITION, AND EATING BEHAVIORS 7
Physical Health 7
Nutrition 8
Eating Behaviors 9
V. SOCIAL AND EMOTIONAL HEALTH 10
Self-Esteem 10
School Environment and Educational Plans 11
Suicide 12
VI. SUBSTANCE USE AND ABUSE 13
Tobacco 13
Alcohol 14
Other Substances 16
VII. PERSONAL HEALTH AND BEHAVIORS 17
Sexual Behavior and Attitudes 17
Sexuality Education 18
Sexual Abuse 19
Contraception and Pregnancy 20
VIII. ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) 21
IX. HEALTH EDUCATION PROGRAMS 22

CONCLUSIONS

X. IMPLICATIONS AND CONCLUSIONS 24

REFERENCES 25
MONTANA ADOLESCENT ADVISORY BOARD 26

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INTRODUCTION

I. INTRODUCTION

Montana's young people are a treasured natural resource whose health, education, and well-being are vital concerns of family, school personnel, and members of the community. The common concern over the health of our adolescents is based on the knowledge that youth are at risk for certain diseases, accidents, and trauma because of their inherent vulnerability. In addition, in their formative years, they are making personal choices about behaviors which can have life-long effects on their health. Although all youth do not exhibit unhealthy behaviors, it is necessary to identify potentially unhealthy behaviors to ensure that appropriate prevention methods are addressed by families, schools, and the community.

Today, death and disability among Montana's young people increasingly stem from lifestyles and environmental conditions which cause stress, anxiety, depression, and low self-esteem. These complex expressions of psycho-social discontent often lead to self-destructive or health-threatening behaviors such as drug and alcohol abuse, teenage pregnancy, eating disorders, risk taking, and hostility toward parents, teachers, and society. Because it is apparent that unhealthy social behaviors are the primary threats to the health and well-being of adolescents, effective prevention and intervention strategies need to be developed.

During the 1988-89 school year, randomly selected high schools in Montana participated in a western United States Adolescent Health Survey. This survey was a collaborative effort involving The Montana Coalition of Healthy Mothers, Healthy Babies; the Montana Office of Public Instruction; the Montana Department of Health and Environmental Sciences; the University of Washington; and the Henry J. Kaiser Family Foundation. The survey was designed with the primary objective to determine the most effective means of addressing the health needs of Montana's young people. The survey results will assist educators, health professionals, and the people of Montana to identify and address the characteristics, causes, and potential remedies of behavioral-based threats to adolescent health.

The Adolescent Health Survey was designed with assistance from numerous professionals throughout the United States to include such topics as:

- Primary worries and concerns of youth
- Social and mental health
- Risk-taking behaviors
- Nutrition and eating behaviors
- Alcohol, tobacco, and other substance use
- Sexual behavior

This report summarizes some of the most important information provided by 7th, 9th, and 12th grade students. Those questions and responses thought to be most interesting and useful to school administrators and health professionals are included in this report. For some questions, responses provided by Montana 12th grade students are compared with 12th graders throughout the nation.

The results of this survey will be made available to participating agencies, community groups involved in health planning and intervention including the Montana PATH Project (Promoting Action for Teen Health), schools, and other interested groups. These survey results will be used as baseline data to evaluate the efficacy of future community-based health promotion programs. In addition, aggregate school data from the Adolescent Health Survey will be disseminated for the general purposes of:

- Identifying adolescent needs
- Developing curricula
- Designing age-appropriate educational materials
- Designing inservice training
- Developing grant proposals and grant reporting
- Providing information to school counselors, nurses, curriculum specialists, and special programs such as drug-free schools
- Informing policy makers
- Developing Year 2000 Health Objectives
- Supporting school health initiatives
- Understanding how behaviors relate to death, disability, and disease
- Identifying risk behaviors related to high-risk profiles
- Increasing public awareness of health-related problems of youth
- Developing community and statewide interventions to reduce high-risk behavior
- Developing health promotion programs for youth

II. DESCRIPTION OF THE PROJECT

The Adolescent Health Survey is a statewide survey of Montana youth to evaluate students' knowledge and personal behavior concerning eating habits, safety, self-esteem, smoking, drug/alcohol use, nutrition, and sexuality. The University of Washington, School of Public Health and Community Medicine, developed the survey methods and data analysis techniques.

Methodology

Montana schools were randomly selected using a stratified cluster sampling procedure designed to provide a statistically valid sample representative of students throughout the state. Both urban and rural schools, as well as schools in the east and west extremes of the state, were surveyed.

In each of the schools, all students in the designated grades were asked to complete a questionnaire in the classroom. Trained survey administrators were present to answer students' questions, to protect students' anonymity, and to administer the survey in an unbiased and uniform manner. Participation in the survey was voluntary. Parents could choose not to have their children participate or the student could decline to participate, turn in blank or incomplete survey forms, or quit completing the questionnaire at any time. Overall, the majority of 7th, 9th, and 12th grade students of participating schools took part in the survey.

Studies have shown that survey validity is often a concern when dealing with self-reported information on sensitive topics. Some students, particularly in the younger age groups, may be reluctant to provide honest responses to very personal or sensitive questions. If a student perceives all aspects of his or her responses would be kept strictly confidential, reluctance to provide accurate answers is greatly reduced. A detailed protocol was followed during survey administration to foster the students' sense of privacy and anonymity.

Student Characteristics

The information presented in this report is based on responses of 2,571 students from 20 schools, representing about 8 percent of the total state enrollment in grades 7, 9, and 12. Of the 2,571 students, 21 percent were enrolled in the 7th grade, 37 percent in the 9th grade, and 42 percent in the 12th grade.

Gender of students participating in the survey was almost evenly split, with 51 percent males and 49 percent females. Eighty-three percent of the students described their race as white, while the remaining 17 percent were Native American, Hispanic, or other.

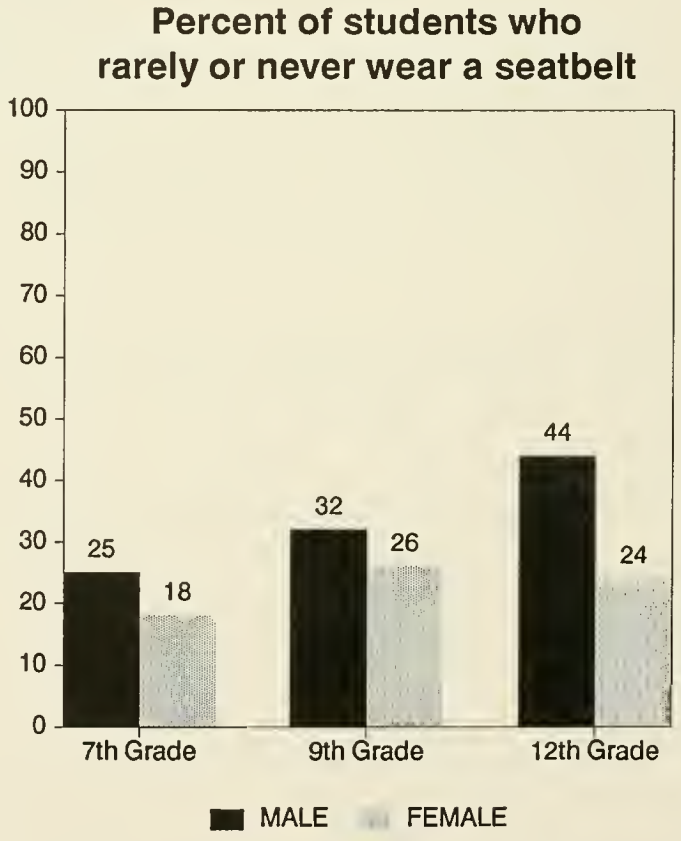
ADOLESCENT HEALTH SURVEY RESULTS

III. INJURY PRONE BEHAVIORS

Motor vehicle crashes are the leading cause of death among Americans in the 1 to 34 age group. In response to the risk of accidental death and injury in automobile accidents, the Montana Legislature passed Montana's Safety Belt Use Act in 1987. This law requires that drivers and passengers wear seatbelts while traveling in motor vehicles. Seatbelt use can reduce the number of serious injuries by 50 percent and fatalities by 40 to 60 percent. In spite of the fact that seatbelt use saves 40 to 80 lives annually and prevents 700 injuries each year in Montana, some people, in violation of the law and at greater personal risk, refuse or neglect to buckle up.

Wearing helmets while riding motorcycles or bicycles reduces the risk of sustaining serious or fatal head injuries resulting from accidents. Studies of motorcycle accidents in states which do not require helmet use revealed that accidents resulted in three times as many fatal or serious head injuries as compared with states that require safety helmet use. Death or disability resulting from accidents not only affects the victim, but also has economic, social, and psychological costs for family members and society as a whole.

- Seatbelt use decreases as adolescents grow older; however, 43 percent of the 12th grade students reported wearing seatbelts most or all of the time.
- In general, Montana adolescents are not wearing safety helmets when riding a bicycle. Of the adolescents who had ridden a bicycle within the past year, 96 percent reported rarely or never wearing a safety helmet when riding a bicycle.
- Adolescents are more likely to wear a safety helmet when riding a motorcycle than a bicycle. About one-half of Montana students who had ridden a motorcycle within the past year reported wearing a safety helmet always or most of the time when riding a motorcycle.



IV. PHYSICAL HEALTH, NUTRITION, AND EATING BEHAVIORS

Physical Health

Good physical health and the perception of having good physical health are important in the development of self-esteem and emotional well-being in adolescents. Distorted perceptions of being overweight, for example, can result in unhealthy weight control activities such as fasting, skipping meals, use of diet pills, forced vomiting, and binge eating. The perception of being overweight and subsequent unhealthy eating behaviors have been shown to result from complex emotions linked to family caring, physical and sexual abuse, and other factors that reduce self-esteem.

- Most Montana adolescents (91 percent) view themselves as being in good to excellent health.
- Sixty percent of the surveyed students reported having a physical examination within the last year.
- More male (65 percent) than female (53 percent) adolescents felt that they were the "right" weight.
- Female adolescents more often reported feeling overweight than males and, by the time they reach the 12th grade, 46 percent of females and 17 percent of males felt they were overweight. Conversely, more male (20 percent) than female (3 percent) 12th graders reported that they were underweight.
- Twenty-one percent male and 72 percent female 12th graders reported that they have dieted at least once during the last year. Of the females who have dieted, 13 percent indicated that they were "always on a diet."
- Twenty-five percent female and 4 percent male 12th graders have taken diet pills to lose weight.

Nutrition

During adolescence, growth and development accelerate leading to dramatic physical increases in height, weight, development of organs, and sexual maturation. Adequate nutrition is essential for normal development during adolescence and for long-term health in adults. Nutritional and dietary deficiencies have been linked to infant mortality, tooth decay, obesity, anemia, and retarded mental development in children and adults.

In general, diseases resulting from nutritional deficiencies have diminished; however, they have been replaced by diseases of dietary excess and imbalance. Disproportionate consumption of foods high in fats, often at the expense of foods high in complex carbohydrates and fiber, are typical eating patterns of adolescents.

- Daily consumption of meat increased with age of the adolescents. Fifty-nine percent of 12th graders ate beef, pork, or mutton at least once a day as compared with 46 percent of 7th graders.

- Eighty-four percent of Montana students surveyed drank milk at least once a day, whereas 6 percent reported never or rarely drinking milk.

- Eggs and dried beans were reported to be among the least eaten foods by the surveyed adolescents. About 25 percent of the students indicated that they never eat dried beans, peas, peanut butter, or eggs.

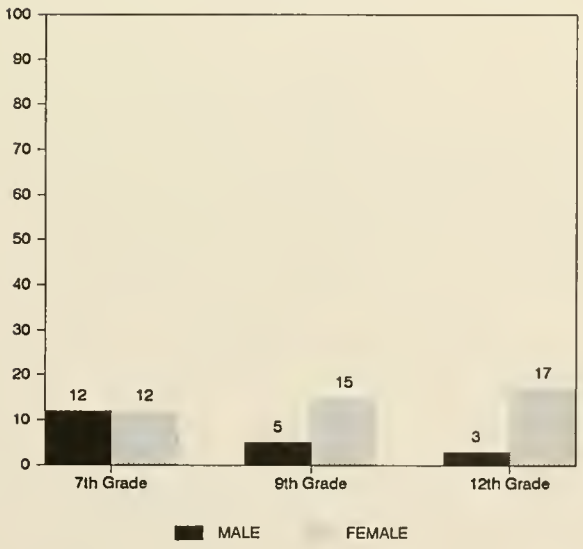
- Approximately 55 percent of Montana adolescents from all grades surveyed ate "junk food" (sweets, soft drinks, and chips) at least once a day, while 9 percent reported never eating "junk food."

- Twenty-five percent of the adolescents ate "fast food" items such as hamburgers and french fries at least once a day.

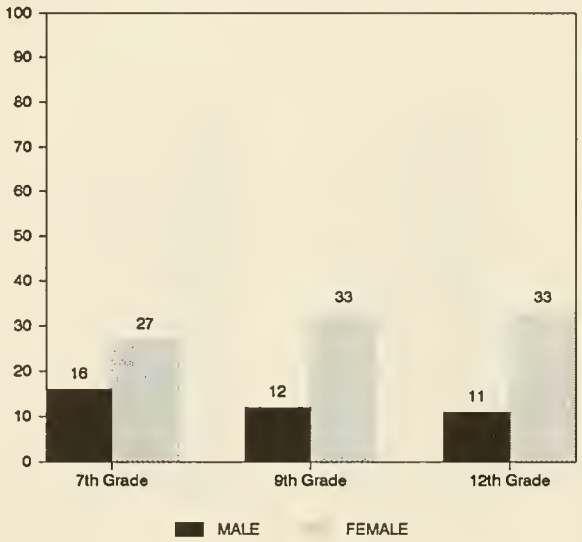
Eating Behaviors

Eating disorders include overeating related to tension, poor nutritional habits, and food fads as well as the psychological disorders of anorexia nervosa and bulimia. The incidence of both anorexia and bulimia is increasing, particularly among teenage girls. Adolescents suffering from anorexia starve themselves in the irrational pursuit of thinness, whereas bulimia sufferers alternately binge on high caloric food and then induce vomiting or use laxatives. Both anorexia and bulimia can seriously impair health due to dehydration, hormonal imbalance, depletion of minerals and vitamins, and damage to internal organs.

Percent of students who have vomited on purpose after eating



Percent of students who reported out-of-control binge eating



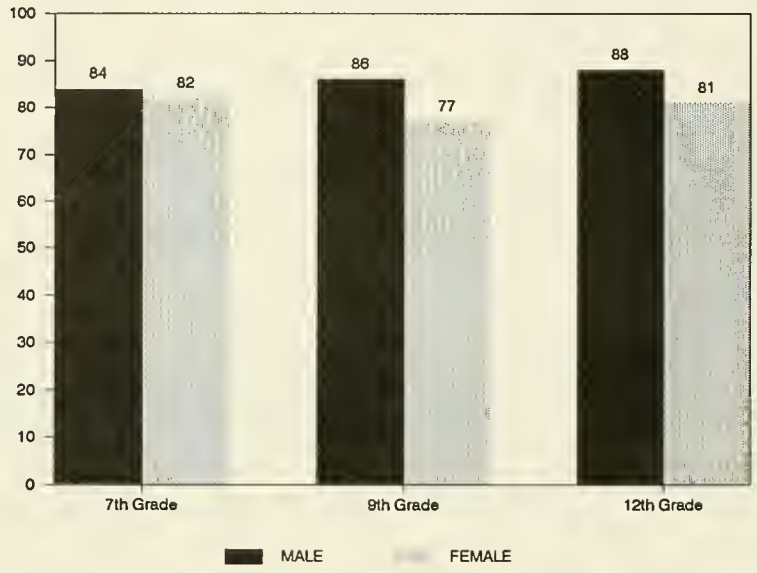
- Twenty percent of female adolescents indicated that they were afraid to start eating for fear they would not be able to stop, as compared to 4 percent of males who shared the same fear.

- More female than male students at all grade levels surveyed reported that they have eaten so much food in a short period of time that they felt out-of-control and would be embarrassed if others saw them (binge eating, gorging, or bulimia).

- At the 9th and 12th grade levels, more female than male students indicated that they have vomited on purpose after eating.

V. SOCIAL AND EMOTIONAL HEALTH

Percent of students who are satisfied with themselves



Self-Esteem

Low self-esteem has been related to eating disorders, antisocial behavior, depression, and the tendency to commit suicide. The factors that lead to a poor self-image may be related to idealized concepts of physical appearance, sexual and physical abuse, or perceived failure to accomplish personal or family expectations.

- Overall, the surveyed adolescents have a positive self-image; however, 52 percent female and 37 percent male 12th graders indicated that they wished they had more self-respect.

- More female (55 percent) than male (42 percent) seniors indicated that, at times, they feel useless. Similarly, more female (42 percent) than male (25 percent) 12th graders reported that, at times, they think that they are no good at all.

- Moderate to extreme feelings of "blaming themselves for things" within the past year was expressed by 24 percent of male and 36 percent of female adolescents.

School Environment and Educational Plans

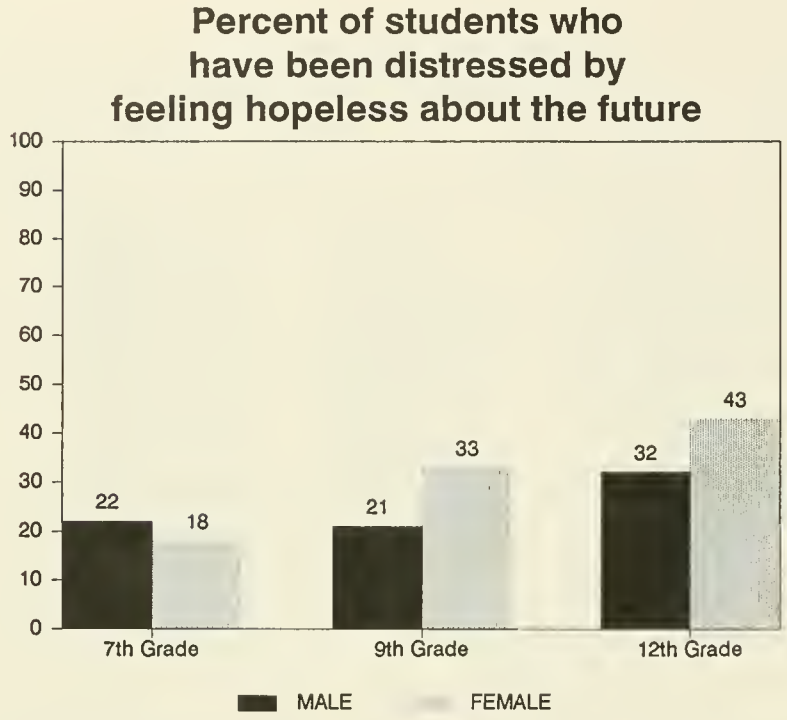
Today, school has become involved in traditional family functions such as sex education, personal relations, and marriage and adulthood preparation. Education includes not only the transmission of factual knowledge, but also helps prepare adolescents for future citizenship and family life. Failure to attend or actively participate in school deprives a young person of opportunities to develop social skills, personal values, and concepts of good physical and emotional health.

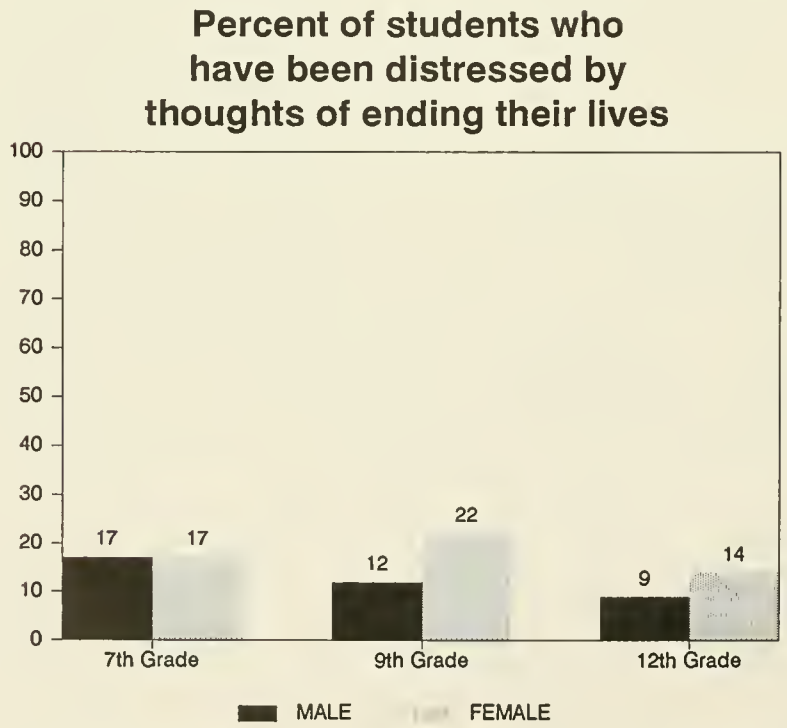
Data from the Montana Office of Public Instruction (1987) indicate that 86 percent of enrolled 9th grade students completed high school, which is higher than the national average of 72 percent. In 1987, Montana ranked sixth in the nation for number of enrolled 9th graders completing high school.

- Six percent male and 2 percent female 7th graders felt they probably or definitely would drop out before completing high school. Two percent male and no female 12th grade students identified themselves as probable or definite dropouts.
- Twenty-two percent of the surveyed students reported no participation in any extra-curricular activities such as school sports, student government, or community- and church-related activities.
- Approximately one-third of the adolescents felt that school people care about them either quite a bit or very much.
- Statistics (1986) from the Montana Office of Public Instruction indicate that 60 percent of graduating seniors in Montana go on to college. Thirty-one percent of the seniors in the Adolescent Health Survey expect to graduate from a 2-year college, while 73 percent anticipate graduating from a 4-year college.

Percent of Students who Reported Skipping at Least One Day of School Within the Past Month

Grade Level	Male (Percent)	Female (Percent)
7th Grade	9%	12%
9th Grade	17%	16%
12th Grade	36%	28%





Suicide

Suicide was the second leading cause of death of Montana youth in 1987. Nationwide, an average of 18 young people between the ages of 14 and 24 kill themselves each day and 57 youth attempt suicide each hour in the United States. Between 1960 and 1985, the suicide rate for the age group 14 to 24 rose 300 percent, while the rate for other age groups rose less than 20 percent.

Suicide involves complex behaviors that result from psychological or social pressures that may be difficult to detect and understand; however, suicidal behaviors can be diagnosed, treated, and prevented as more information becomes available and timely and appropriate interventions are implemented.

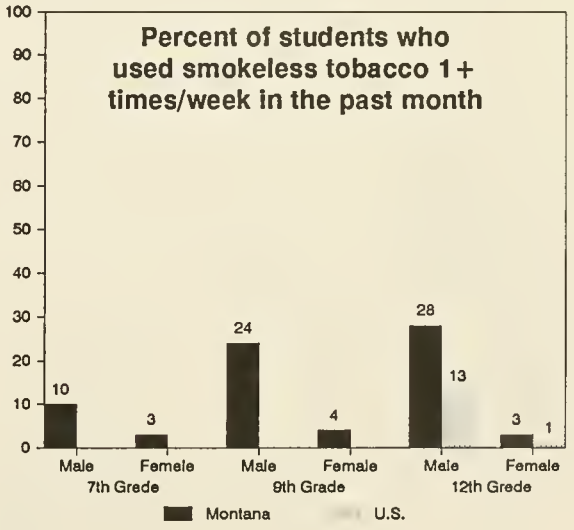
- Attempts of suicide were higher for female than male adolescents. Nine percent of male adolescents reported attempting to commit suicide as compared to 18 percent of female adolescents.

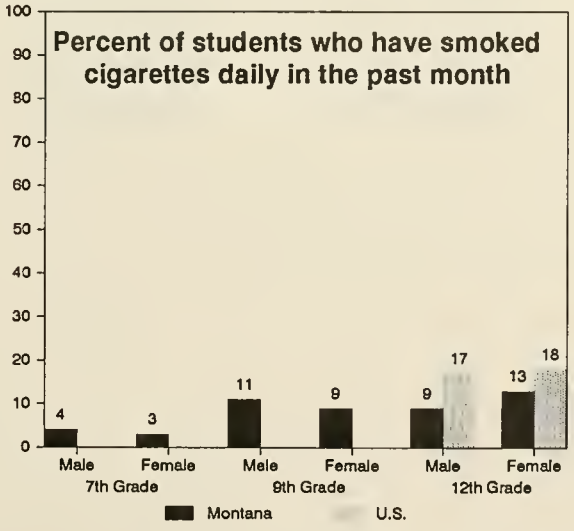
VI. SUBSTANCE USE AND ABUSE

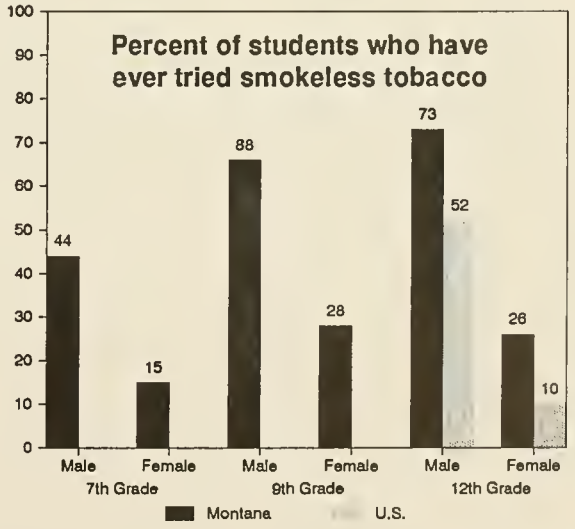
Tobacco

The 1989 Report of the U.S. Surgeon General confirmed that cigarette smoking remains the single most preventable cause of death and disability from cancer and other diseases. Smoking is responsible for more than one of every six deaths. Smokers have a 50 to 100 percent greater chance of heart attack than non-smokers and heart attacks are more severe when they occur. The national average death rate for heavy smokers between the ages of 25 and 65 is double that of non-smokers. Smokeless tobacco increases the risk of gum disease, tooth loss, and cancers of the mouth, cheek, and gums. In spite of widespread education, publicity, and warnings of tobacco products, adolescents in Montana continue to experiment with and use tobacco on a regular basis. Each day more than 3,000 American teenagers start smoking.

- Forty-five percent of 7th grade Montanans have experimented with smoking cigarettes, as compared to 59 percent of 9th graders and 61 percent of 12th graders. The percent of 12th graders who have experimented with smoking cigarettes is consistent with the national average.
- Of the 12th grade students who have experimented with smoking cigarettes, only 4 percent reported smoking 1 pack or more a day within the past 30 days.
- The percentage of Montana 12th grade youth who have tried smokeless tobacco products is well above the national average.



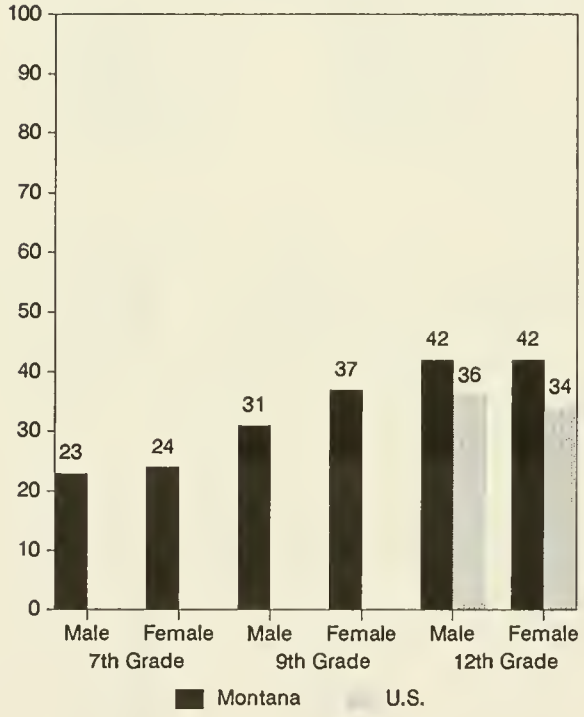




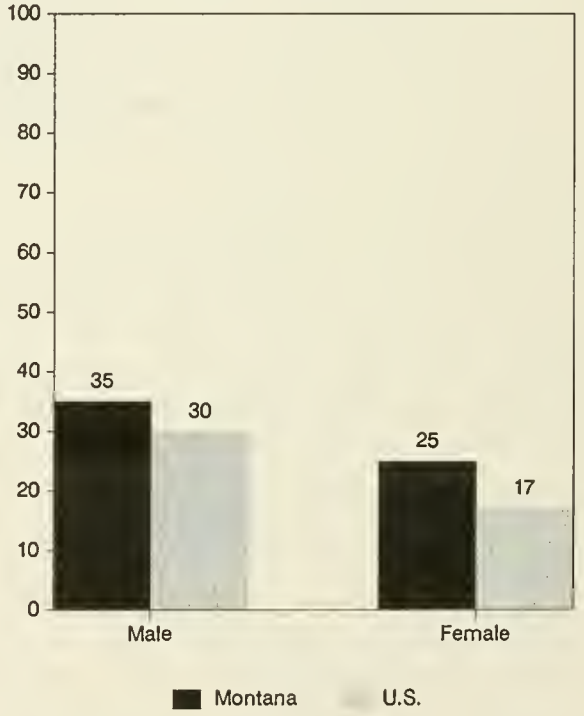
Alcohol

Alcohol, the major drug of choice for all grade levels and both sexes in Montana, appears to be widely available in the state. Although there has been considerable information in the news media that drinking and driving greatly increases the risk of accidental death or injury in automobile accidents, many Montana youth drink and drive or ride with a driver who has consumed alcohol. Driving after drinking alcohol not only threatens the driver and passenger, but also jeopardizes the safety of other drivers, passengers, and pedestrians.

Percent of students who rode in the past 2 weeks with a driver who had been drinking



Percent of 12th graders who drove in the past 2 weeks after drinking



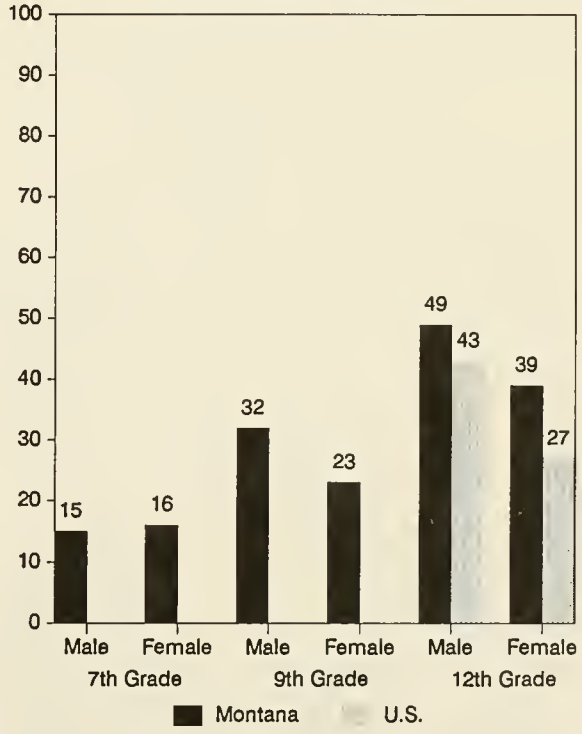
- Sixty-seven percent of Montana 7th graders, 86 percent of 9th graders, and 95 percent of 12th graders have drunk an alcoholic beverage. The number of 12th graders who have drunk an alcoholic beverage is slightly higher than the national average of 92 percent.

- Surveyed students reported that they first drank an alcoholic beverage at grade 6 or earlier. Peak experimental usage of alcohol for 12th graders occurred in grades 7, 8, and 9.

- Of the adolescents who reported experimenting with drinking alcoholic beverages, approximately 38 percent of 7th graders indicated drinking an alcoholic beverage within the past month. The incidence of alcohol use increases with level of grade, with about 71 percent of 12th grade students reportedly drinking alcohol within the past month, which is consistent with the national average.

- Almost one-quarter of the surveyed adolescents worry somewhat, quite a bit, or very much about the amount of alcohol that their parents drink.

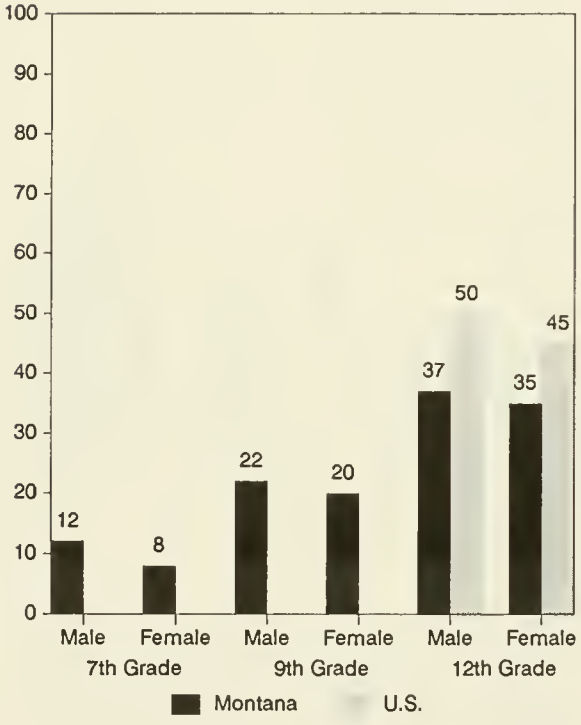
Percent of students who had 5+ drinks in a row in the past 2 weeks



Other Substances

Drug use among Montana 12th grade youth is lower than the national average; however, it is a major problem throughout the state. The use of drugs such as marijuana, hashish, and cocaine indicates that drugs common in larger metropolitan areas are also available in Montana.

Percent of students who have ever tried marijuana or hashish



- Ninety-five percent of Montana adolescents have never tried cocaine.
- Sixty-seven percent of Montana 7th graders have taken drug education courses in school and, by 12th grade, 83 percent reported having taken drug education courses.
- Participaton in school drug education programs by Montana 12th graders is slightly above the national average.
- Approximately 5 percent of the surveyed adolescents worry about the amount of marijuana or other drugs that their parents use.

VII. PERSONAL HEALTH AND BEHAVIORS

Sexual Behavior and Attitudes

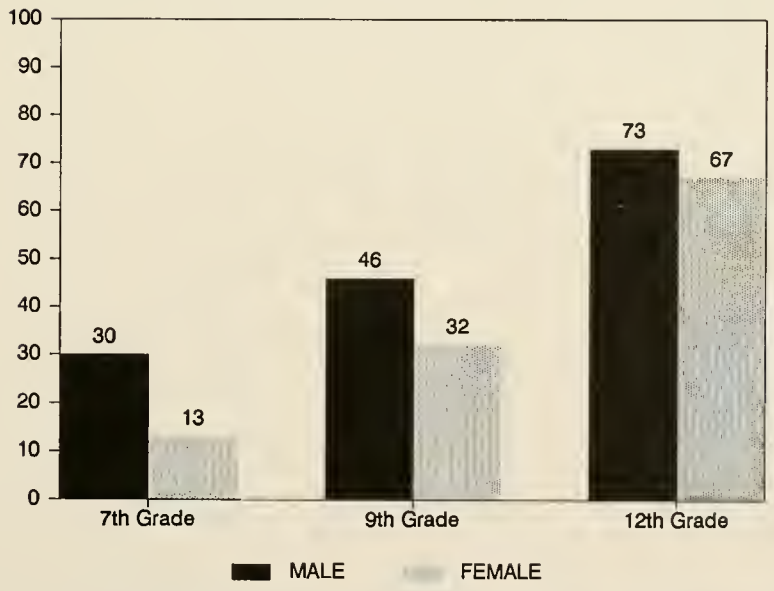
Two-thirds of the total number of gonorrhea and syphilis cases occur in people under the age of 25. Sexually active women under 20 years of age have chlamydia infection rates two to three times higher than women over 20 years of age. Similarly, the rates of urethral infection among younger men are higher than for older men. Because of the known association with human papillomavirus, cervical cancer now is considered a sexually transmitted disease, related to the age at first intercourse and number of sexual partners. These problems can be prevented by sexual abstinence or condom use.

- One-half of the 12th graders who reported having sexual intercourse had engaged in sex by the age of 15.

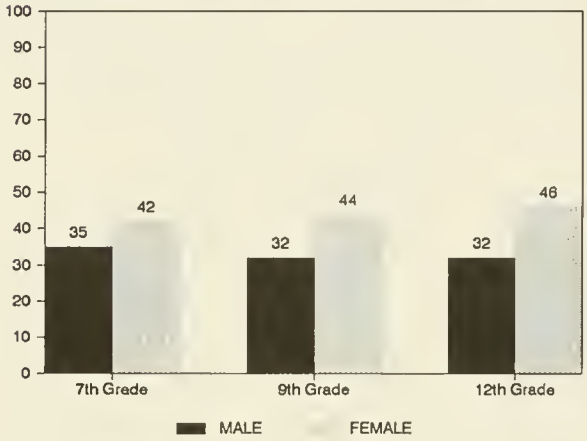
- Thirty-nine percent of those who have engaged in sexual intercourse within the past year reported that they had three or more sexual partners.

- As adolescents grow older, their approval of sexual intercourse before marriage grows stronger. Approximately one-half of the 7th graders surveyed approved of sexual intercourse before marriage, while 80 percent of the seniors held the same opinion.

Percent of students who have ever had sexual intercourse



Percent of students who think sex education for young people is not adequate



- Adolescents have received more formal instruction on how pregnancy occurs than on methods of birth control. One-half of the 7th grade adolescents reported receiving formal instruction on pregnancy, while 23 percent had received instruction on birth control. Similarly, 88 percent of 12th graders had received formal instruction on how pregnancy occurs, whereas 78 percent had received instruction on birth control methods.

Sexuality Education

Effective sexuality education is more than instruction in reproduction and anatomy. It includes issues such as self-esteem, decision-making, goal setting, family values, peer relationships, and dating. A study conducted in Baltimore with junior high students found that students who were in sexuality education classes and who had access to birth control services postponed their first sexual activity.

Research also has demonstrated that family involvement in sexuality education efforts along with school and community support is necessary for effective sexuality education. Public support for sexuality education is high, but there are differing opinions as to where and when it should be introduced and as to what institution should provide the instruction. There also is disagreement on what the curriculum should include.

- Female adolescents tend to discuss sexuality issues (the female menstrual cycle, pregnancy, birth control, and pressure to have sex) with their parents more often than do males.

Percent of Adolescents Who Have Talked With Their Parents About Sexuality Issues

Sexuality Issue	7th Grade Male	7th Grade Female	9th Grade Male	9th Grade Female	12th Grade Male	12th Grade Female
Female Monthly Cycle	15%	85%	20%	80%	24%	76%
How Pregnancy Occurs	37%	63%	38%	62%	39%	61%
Methods of Birth Control	49%	51%	41%	59%	44%	56%
How to Resist Pressure to Have Sex	36%	64%	28%	72%	36%	64%

Sexual Abuse

Sexual abuse of youth is becoming better known with increased state legislation on reporting requirements for health and human services workers. Physical or sexual abuse in a child's life is often the precursor for other high-risk or dysfunctional behavior later in life. Early sexual activity, eating disorders, inappropriate social interactions, and other problems can follow a history of sexual abuse. It is estimated that 30 percent of those who were physically or sexually abused or extremely neglected as children become abusive parents themselves.

According to Montana law (45-5-501, 503, and 505), a person can be convicted of "sexual intercourse without consent" if the victim is less than 16 years old and the offender is three or more years older than the victim. The law further states that anyone under the age of 16 is incapable of consent.

- Twenty-six percent of 12th grade female students reported that they have been sexually abused (i.e., touched in inappropriate places or had sexual acts when they did not want to), as compared to 4 percent of 12th grade males.

- Sixty-one percent of 12th grade students who have been sexually abused have discussed the incident with another person.

- Twelve percent of the female students surveyed reported having sexual intercourse with a partner three or more years older than themselves.

Contraception and Pregnancy

Teenage pregnancy may pose emotional trauma, often limits educational attainment, or may force young parents to abandon future plans and aspirations. Many pregnant teenagers are victims of neglect or abuse and are not prepared emotionally to become mothers. Young mothers often look to their babies to provide them with the love, care, and security which they never had. Children of teen mothers often repeat the pattern of early childbearing.

In 1988, there were 1,818 teenage pregnancies in Montana, with 36 percent resulting in abortion and 44 percent resulting in out-of-wedlock births. The number of out-of-wedlock births in Montana has nearly doubled over the last 15 years.

- Fifteen percent of sexually active 12th grade female students have been pregnant at least once, while 11 percent of 12th grade male students reported having impregnated at least once in their lifetime.
- Twenty-five percent of sexually active 12th graders reported that they rarely or never use birth control methods.
- Obtaining birth control products does not appear to pose a problem for 12th grade students, with 69 percent reporting that they would have no difficulty in obtaining birth control products in their community.
- Of the sexually active 12th grade adolescents who use birth control, condoms and birth control pills are the most common methods used.

Main Reason Why Sexually Active Adolescents Do Not Use Birth Control

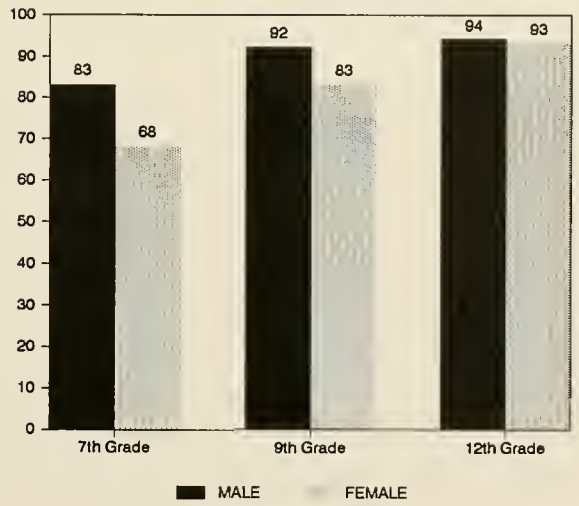
Reason	Percent
Sex was unexpected	36%
Didn't think of it	25%
It is my partner's problem	8%
I/she won't get pregnant	7%
Partner does not want it used	7%
I was embarrassed to get it	5%
I/she wants to get pregnant	3%
Worried about side effects	3%
I couldn't afford it	2%
It is wrong to use it	1%
My parents are against it	1%
Didn't know how to get it	1%

VIII. ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

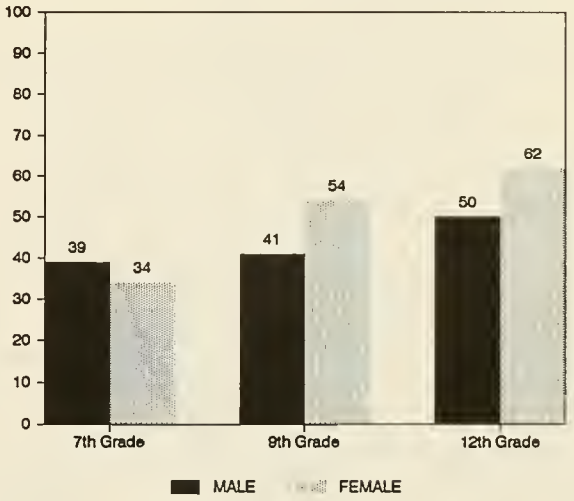
A history of multiple sexual partners increases the risk of contracting Acquired Immune Deficiency Syndrome (AIDS). This risk is further increased with inconsistent condom use and unplanned sexual activity. Nationally, 20 percent of the reported AIDS cases among men and 25 percent of the reported AIDS cases among women occurred between 20 and 29 years of age. With the AIDS virus having an incubation period of 7 to 8 years, these statistics indicate that many individuals with AIDS were exposed to the virus as teenagers.

- Twenty-five percent of the surveyed students incorrectly believe that a person can contract AIDS from being bitten by mosquitos or other insects.

Student's correct perception that using a condom reduces the chances of contracting AIDS



Percent of students correctly reporting "No" that a person could contract AIDS from kissing on the mouth



- Sixty-three percent of Montana 7th graders and 40 percent of the 12th graders incorrectly believe that a person could get AIDS from giving blood.

- Nearly all 12th graders surveyed (99 percent) correctly believe that a person could contract AIDS through sexual intercourse or from sharing needles or syringes used to inject drugs.

- Similarly, most students (92 percent) correctly reported that they think a pregnant woman who has the AIDS virus could infect her unborn baby with the virus.

- About one-third of the surveyed adolescents indicated that they were either somewhat, quite a bit, or very much worried about contracting AIDS.

IX. HEALTH EDUCATION PROGRAMS

To effectively implement health promotion and risk reduction programs, adolescents need to be aware of health education programs available in their community. They also must be willing and able to initiate and sustain involvement in appropriate programs so that the necessary counseling or assistance can be adequately provided.

- Montana adolescents are generally aware of health promotion and risk reduction programs in their communities; however, they do not show a strong inclination to become involved in such programs.

	Aware of Community Programs			Participated in Programs		
Health Program	7th	9th GRADES	12th	7th	9th GRADES	12th
Tobacco Use	44%	55%	57%	12%	15%	10%
Alcohol Use	67%	80%	85%	18%	26%	22%
Drug Use	70%	77%	84%	16%	17%	12%
Teen Pregnancy	51%	67%	76%	9%	12%	12%
Suicide Prevention	29%	53%	55%	7%	13%	9%
Self-esteem	48%	43%	41%	27%	19%	18%

CONCLUSIONS

X. IMPLICATIONS AND CONCLUSIONS

Results from the Adolescent Health Survey indicated that youth in Montana generally perceive themselves as being emotionally and physically healthy and basically optimistic about their lives. Most Montana adolescents view themselves positively and believe that their parents and teachers care about them.

Although the overall adolescent population is healthy and vital, responses of some students to the survey questions indicate that:

- Well-being or perceived well-being is not shared by all young people.
- Risk-taking behaviors (e.g., drinking and driving, smoking, not wearing seatbelts or motorcycle safety helmets) are accepted by many adolescents.
- Sexual abuse was reported by 26 percent of Montana 12th grade females.

In order to initiate appropriate prevention and intervention, the sources of at-risk behaviors and health-related problems must be identified before effective remedial actions can be taken. Cultural attitudes, gender-specific patterns of behavior, and age/development-related patterns of behavior must be identified and evaluated. Precautionary efforts need to focus on the range and patterns of motivations and behavior practices.

Intervention and prevention are often most successful if initiated prior to when adolescents actually engage in unhealthy practices. The use of tobacco and alcohol begins with many youth prior to the 7th grade; therefore, prevention efforts need to start in the early years and continue throughout life stages. A comprehensive school health program should begin as early as kindergarten and be ongoing through grade 12. The program should be age and developmentally appropriate, research based, and sensitive to the values and needs of the community.

Identifying the source of adolescents' health-related problems can be extremely complex and can have origins in the family environment. Suicide attempts, for example, are strongly related to low self-esteem, emotional distress, and antisocial behavior. Suicide, however, also can be related to family history of drug and alcohol abuse, physical violence, or sexual abuse. Prevention must reflect awareness that parents may be an integral part of the problem and must be able to assist adolescents whose parents are unwilling or unable to become involved.

Injury prone and risk-taking behaviors may be motivated by the desire to get high or to have fun in combination with the attempt to escape problems. Different prevention strategies are required to discourage risk taking for thrills as opposed to risk taking to escape problems.

From a broad perspective, the Adolescent Health Survey provides a basis for promoting a life-long personal respect for one's own health. The survey results allow the community (health professionals, teachers, and others involved in the welfare of adolescents) to provide: effective knowledge concerning the causes of poor health and possible preventive or remedial measures; a basis for developing values which enhance self-image and reflect social awareness; and behavior options which instill good health practices. Life-long personal respect for one's health promotes a positive self-concept and allows adolescents to view themselves as valuable and important members of their family, community, and society as a whole. To meet the health care needs of adolescents, cooperative efforts must be undertaken by health professionals, parents, educators, and community leaders.

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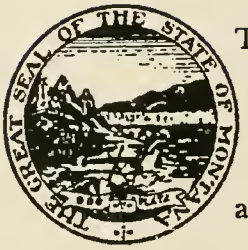

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